

MASTER POLICY

MUTUAL BENEFIT HEALTH & ACCIDENT ASSOCIATION

Omaha, Nebraska

(Herein called the Association)

Agrees to insure the members of

GOVERNMENT EMPLOYEES HEALTH ASSOCIATION, INC.

(Herein called the Policyholder)

in accordance with all of the provisions, limitations and exceptions of this policy against loss of time beginning while the member is insured under this policy and caused by accidental bodily injuries received while an insured member's certificate is in force.

INSURANCE PLANS

	<u>Weekly Benefit</u>	<u>Individual Premium Semiannual Premium</u>	<u>Annual Premium</u>
Plan I	\$ 25.00	None	\$ 27.40
Plan II	\$ 50.00	\$27.35	\$ 53.10
Plan III	\$ 75.00	\$40.55	\$ 78.75
Plan IV	\$100.00	\$51.35	\$102.70

Eligible members up to age 68 may enroll in any of the Plans.

A C C I D E N T   B E N E F I T S

PART A.

TOTAL LOSS OF TIME BENEFITS

If the covered injuries completely and continuously prevent the insured member from engaging in his profession or occupation, the Association will pay benefits for one day or more at the rate of the Weekly Benefit per week during the first fifty-two weeks of such total loss of time after the expiration of the ninety day Accident Elimination Period, and, thereafter, at the same rate so long as the covered injuries completely and continuously prevent the insured member from engaging in any and every gainful profession or occupation and so long as the insured receives no remuneration for work or service performed, provided, however, that the insured member is under the professional care and regular attendance of a legally qualified physician, other than himself.

PART B.

PARTIAL LOSS OF TIME BENEFITS

If the covered injuries continuously prevent the insured member from performing one or more important duties pertaining to his profession or occupation, the Association will pay benefits for one day or more at the rate of Fifty Per Cent of the Weekly Benefit per week during the period of such partial loss of time after the expiration of the ninety day Accident Elimination Period, but not to exceed thirteen weeks for any one accident; provided, however, that the insured member is under the professional care and regular attendance of a legally qualified physician, other than himself.

PART C.

SPECIFIED AIRCRAFT PASSENGER COVERAGE

This policy covers injuries received as a result of riding in an aircraft only if the insured member, as a passenger, is boarding, riding in, or alighting from a licensed passenger aircraft provided by a common carrier of passengers and operated by a licensed transport pilot upon a regularly scheduled passenger route between definitely established airports; provided, however, that such injuries are otherwise covered by this policy.

PART D. MEDICAL ATTENDANCE BENEFITS FOR INJURIES NOT CAUSING LOSS OF TIME

When the covered injuries require treatment by a legally qualified physician, the Association, provided benefits are not claimed under any other part of this policy, will pay for the expense actually incurred by the insured member for such treatment, but not to exceed the amount of the Weekly Benefit for any one accident.

S I C K N E S S B E N E F I T S

PART E.

TOTAL LOSS OF TIME BENEFITS

If the covered sickness completely and continuously prevents the insured member from engaging in his profession or occupation, the Association will pay benefits for one day or more at the rate of the Weekly Benefit per week during the first fifty-two weeks of such total loss of time after the expiration of the ninety day Sickness Elimination Period and, thereafter, at the same rate so long as the covered sickness completely and continuously prevents the insured member from engaging in any and every gainful profession or occupation and so long as the insured receives no remuneration for work or service performed, but the total period for which benefits are payable under this Part E shall not exceed ten years for any one sickness; provided, however, that the insured member is under the professional care and regular attendance of a legally qualified physician, other than himself.

A D D I T I O N A L B E N E F I T S

PART F.

WAIVER OF PREMIUM

If the covered injuries or sickness shall result in total loss of time for which benefits are payable under Part A or Part E of this policy and such loss of time shall have continued uninterruptedly for a period of at least six months, the Association, provided the insured member's certificate is then in force, will waive all premiums thereafter becoming due during the period of compensable total loss of time and the insured member shall be entitled to benefits as provided in his certificate, subject to all its conditions except as to payment of premiums.

PART G.

GRACE PERIOD

A grace period of thirty-one days will be granted to each insured member for the payment of each premium falling due after the first premium, during which grace period his insurance shall remain in force.

PART H.

ARBITRATION PROVISION

Any controversial claim arising under this policy, at the request of the insured member may be arbitrated by a board of three persons: one designated by The Government Employees Health Association, Inc., one by Mutual Benefit Health & Accident Association, and the third member to be agreed upon by the two first chosen.

6. NOTICE AND PROOF OF CLAIMS. Written notice of injury or sickness on which claim may be based must be given to the Association within thirty days after the date of the accident causing such injury or after the commencement of disability from such sickness. In event of accidental death immediate notice thereof must be given to the Association.

Such notice given by or in behalf of an insured member or beneficiary, as the case may be, to the Association at Omaha, Nebraska, or to any authorized agent of the Association with particulars sufficient to identify the insured member, shall be deemed to be notice to the Association. Failure to give notice within the time provided in this policy shall not invalidate any claim if it shall be shown not to have been reasonably possible to give such notice and that notice was given as soon as was reasonably possible.

The Association upon receipt of such notice, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not so furnished within fifteen days after the receipt of such notice the claimant shall be deemed to have complied with the requirements of this policy as to proof of loss upon submitting within the time fixed in this policy for filing proofs of loss, written proof covering the occurrence, character and extent of the loss for which claim is made.

Affirmative proof of loss must be furnished to the Association at its said office in case of claim for loss of time from disability within ninety days after the termination of the period for which the Association is liable, and in case of claim for any other loss, within ninety days after the date of such loss.

7. MEDICAL EXAMINATION. The Association shall have the right and opportunity to examine the person of an insured member when and so often as it may reasonably require during the pendency of claim hereunder, and also the right and opportunity to make an autopsy in case of death where it is not forbidden by law.

8. PAYMENT OF CLAIMS. Upon request of an insured member and subject to due proof of loss all of the accrued indemnity for loss of time on account of disability will be paid at the expiration of each month during the continuance of the period for which the Association is liable, and any balance remaining unpaid at the termination of such period will be paid immediately upon receipt of due proof. All indemnities provided in this policy for loss other than that of time on account of disability will be paid immediately after receipt of due proof.

Indemnity for loss of life of an insured member is payable to the beneficiary if surviving the insured member, and otherwise to the estate of the insured member. All other indemnities of the policy are payable to the insured member.

Consent of the beneficiary shall not be requisite to change of beneficiary, or to any other changes in this policy.

9. LEGAL PROCEEDINGS. No action at law or in equity shall be brought to recover on this policy prior to the expiration of sixty days after proof of loss has been filed in accordance with the requirements of this policy, nor shall such action be brought at all unless brought within two years from the expiration of the time within which proof of loss is required by this policy.

If any time limitation of this policy with respect to giving notice of claim or furnishing proof of loss is less than that permitted by the law of the state in which the main office of the Policyholder is located at the time this policy is issued, such limitation is hereby extended to agree with the minimum period permitted by such law.

PART I.

After the insured member's certificate has been in force two full years during his lifetime it shall be incontestable as to the representations which the insured member made in his application as to his physical condition.

PART J.

INDIVIDUAL TERMINATIONS

The insurance of each insured member shall terminate on whichever of the following dates occurs first:

- (a) the date that the insured member's premium is due and unpaid.
- (b) the date the insured member ceases to be a member of The Government Employees Health Association, Inc.,
- (c) the date that the insured member ceases to be actively at work on a full-time basis in his occupation as an employee of the Federal Government,
- (d) the date that this Master Policy is terminated,
- (e) the date that the insured member becomes 70 years of age.

PART K.

EXCEPTIONS

THIS POLICY DOES NOT COVER: (A) ANY LOSS CAUSED BY WAR OR ANY ACT OF WAR; OR LOSS INCURRED WHILE ENGAGED IN MILITARY, NAVAL OR AIR SERVICE (UPON WRITTEN NOTICE TO THE ASSOCIATION OF ENTRY INTO SUCH SERVICE THE PRO RATA UNEARNED PREMIUM SHALL BE RETURNED TO THE INSURED MEMBER), (B) INJURIES RECEIVED AS A RESULT OF RIDING IN AN AIRCRAFT EXCEPT AS PROVIDED IN PART C, (C) PREGNANCY, MISCARRIAGE OR CHILDBIRTH; OR SUICIDE, SAME OR INSANE.

GENERAL PROVISIONS

1. ELIGIBILITY. In order to be eligible for the insurance provided under this policy a person must be (a) a member of the Government Employees Health Association, Inc., (b) actively at work on a full-time basis in his occupation as an employee of the Federal Government, and (c) under 70 years of age.
2. EFFECTIVE DATE OF INDIVIDUAL INSURANCE. Each eligible member shall become insured under this policy on the issue date of his certificate.
3. POLICY TERM AND RENEWAL. This policy is issued for a term of one year beginning at 12:00 o'clock noon, Standard Time of the place of the main office of the Policyholder, on the Effective Date hereof and may be renewed with the consent of the Association for further like terms. The Association operates on a full legal reserve basis and the contingent mutual liability hereunder shall not exceed one additional premium in the amount of the premium required herefor.
4. INDIVIDUAL CERTIFICATE. The Association will issue to each member insured under this policy an individual certificate setting forth a statement of the benefits to which such insured member is entitled to under this policy.
5. POLICY CONTRACT. This policy and the application therefor, constitute the entire contract between the parties hereto. No change or modification may be made nor the date of payment of any premium be changed except by agreement in writing signed by an officer of the Association and the Association shall not be bound by any promise or representation affecting this contract made at any time by any person other than an officer of the Association. All statements made by the Policyholder and the insured members shall be deemed representations and not warranties and no such statement shall avoid this policy unless it is contained in the written application.

IN WITNESS WHEREOF, MUTUAL BENEFIT HEALTH & ACCIDENT ASSOCIATION has caused this policy to be signed by its President and its Secretary.

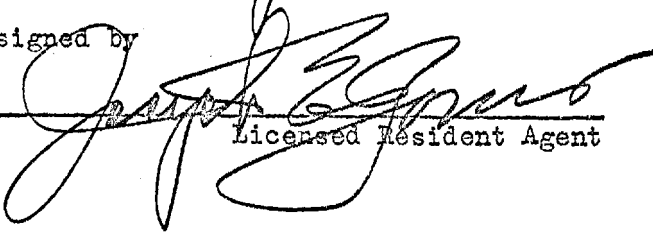
Secretary.

President.

Effective Date

1 Sept 1954

Countersigned by

A large, stylized handwritten signature in dark ink, written over a horizontal line. The signature is cursive and appears to be the name of the countersigned agent.

Licensed Resident Agent